

Child and Family Services Update

February 2005

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Protecting Our Valuable Staff

By Richard Anderson

My article for last month focused on keeping the core mission of our agency -- "*Safety from Abuse and Neglect*" -- in mind at all times. I want to expand that theme this month, with an emphasis on your safety. I often think that child welfare workers must have guardian angels. We go into many situations where others would not go, or, if they did go, they would be escorted with added protections. We don't do this enough, but we also have a different approach from those who may appear more threatening because of the approach they use. My concern for you has prompted this month's Update message.

Somehow, being a true social worker can make a unique difference in threatening situations (although we still need to avoid over-confidence). I remember having people walk up to me in apartment buildings when I was trying to locate someone and ask, "Whose social worker are you?" I used to think "Social Worker" was stamped on my forehead or that maybe, somehow, I had inadvertently adopted a uniform of the social worker class. And yet, I always felt their conclusion that I must be a social worker was a compliment. It seemed like a protection in some of the environments and situations I entered.

Well, times are changing, and we are seeing some even more threatening situations today. Because of this, I have a constant concern for your safety. We have training, and training in development, to provide more specific things we can do and precautions we can take in our work. We want to provide more of that for you. For now, I have collected a few ideas to share. In preparation, I have talked with our Employment Services Program representative, Brent Johnson, and requested some help from Risk Management. Though far from extensive, the list below provides some ideas from me, from Brent, and from Risk Management:

- Planning for safety needs to be a constant part of our thinking and our approach.
- We need to remember that others involved with us have a lot of time to think about what they are upset about from our interventions as we move from person to person and family to family. (Example: Ongoing workers assuming that the family members have calmed down since the CPS intervention, when the family's emotions may have really been building since the beginning and may come out later unexpectedly.)
- Recognize that those with a history of dealing with similar situations in an explosive manner have no reason to stop that pattern when we get involved.
- Being honest is a must. Everything does not have to be shared at once, but everything needs to be on the "up and up" with no "sugar coating" of the issues. More anger comes from mistrust.
- Speak in a direct, specific, and non-punishing manner.
- Stand up for our agency's position, model, and guidelines, not letting a partner's aggressive and sometimes disrespectful style set us up for more anger and fear from those we serve. We have to go to their homes and meet with them face to face, when other partners may never have to do either.
- Have a personal plan for how you deal with threatening situations – Heightened Awareness, Fight or Flight, or whatever fits for you.
- Rely on your sense of things "not feeling right" and take steps to avoid the anticipated threat that you are concerned may be coming.
- Act like a non-victim by always acting like a person with a mission to perform, dressing appropriately, and not assuming safety.
- Always take in the entire surroundings. Cathy is a teacher, so she and I have had discussions about the old phrase that "teachers have to have eyes in the back of their heads" (in reference to writing on a chalk board while having their backs to students), and have added, "social workers need eyes all around their entire heads".
- Avoid the wrong place at the wrong time. There are places that are safer or less safe at differing times of the day.
- If your safety is threatened, surrender your property, do not surrender yourself (if possible), and get the best description of the person threatening you.
- Park where it is easy to pull straight out and avoid backing up.

- Have keys in hand when walking to your vehicle. Check the interior before getting in; lock the doors and put the keys in the ignition immediately after entry.
- If violent behavior (verbal threats or physical threats) begins, don't ignore it. Address it in a way to deescalate the emotions. Communicate what you will have to do if the behavior does not stop and be prepared to follow through on the plan.
- Don't take insulting or attacking comments personally.
- Ask someone to assist (even go with you) or stay in the office after hours with you when you feel that the situation may be threatening.
- Don't be deterred from calling the police or some other security if you feel threatened.
- Maintain physical distance from the threatening person.
- Organize your work site so you can get out quickly if threatened.

Please, always be conscious of things going on around you. Take care of yourselves; protect yourselves. You are the most valuable part of our team. Please know that we will do everything in our power to help keep you safe. We want you safe -- you who are entrusted with keeping children and families safe!

Protection



Initial Response Training

By Jonathan Houser, Program Area Trainer

Part of our Program Improvement Plan (PIP) includes providing more specific training for each program area. This year's area of focus is Initial Response (Intake, CPS, DV, and On-Call). We are currently working on the first module, Intake. As part of the development process, it is very important that we have input from workers, supervisors, and stakeholders.

I will be traveling to each region to meet with Intake. The purpose is to discuss strengths and needs, and to observe how the work differs from region to region. If you would like to share any insights for Intake training, please let me know. You may contact me by phone at (801) 538-4458 or by email at jdhouser@utah.gov.

Development



Ages and Stages

By Jerna Mitchell, New Employee Trainer Manager

"Ages and Stages" is a questionnaire, which is completed with a parent or caregiver to create a screening assessment for developmental milestones in children of different ages. There is a different questionnaire for each of 19 different ages from four months to 66 months. The questionnaires are considered to be good short assessments of a child's development. The areas assessed are communication, gross motor, fine motor, problem solving, personal-social, and overall.

The four-months questionnaire includes the following:

- Communication: At four months, a baby may be able to laugh, make high-pitched squeals, make sounds in response to objects and persons, and stop crying at the sound of a recognized voice.
- Gross Motor: At four months, a baby may move its head from side to side, hold its head above the floor while lying on its tummy, hold its head steady while in a sitting position, touch its fingers together.
- Fine Motor: At four months, a baby may hold its hands open, grasp and wave a toy, reach for a toy.
- Problem Solving: At four months, a baby may track a moving object with its eyes, look at nearby toys, grasp toys and put in mouth, wave at a toy above them in a prone position.
- Personal-Social: At four months, a baby may watch its hands, recognize when it is about to be fed, smile at caregiver, smile at self in mirror.
- Overall: Does the baby hear well, stand flat-footed with assistance in standing, use hands equally?

Partnership



Domestic Violence Web-Based Training

By Dawn Hollingsworth, Domestic Violence Program Manager

Child and Family Services has teamed with the Utah Domestic Violence Council to design a domestic violence web-based training. This four-hour course is free of charge to all Child and Family Services staff. It is anticipated that all employees will take this course prior to taking the Advanced Domestic Violence Practice Model course. However, since all of us have occasion to interface with clients, co-workers, and family members who are experiencing the unique dynamics of a domestic violence relationship, I'd suggest that everyone take advantage of this learning opportunity. Below are the five simple steps to getting access to the training. If you need further technical assistance, your Domestic Violence Coordinator will be able to assist you or you can contact Amber McKee at amckee@udvc.org.

- Open www.udvctraining.org in your browser.
- Initiate your registration for the course by clicking "Register."
- Provide your first and last name as well as your email address and other information in the fields provided.
- Choose your job title/agency and region from the drop-down menus. (Please note that it is very important to fill out the registration completely and accurately to ensure your work on the course is properly recorded for certification.)
- Click "Register." (The course will automatically issue you a user name and password for the course. Please print this page for your records.)

Once you have registered:

- Go back to the original www.udvctraining.org.
- Type your newly assigned username and password and click on "Log in."
- Then click on "The Basics of Domestic Violence."
- Click on either "Start Over" or "Go to Bookmark." *If you are starting the course click on "Start Over"; if you have already begun the course click on "Go to Bookmark" and it will take you to where you left off.*

You can complete the course at your leisure. The course will allow you to close at any time and remember where you left off, allowing you to return another day to continue with the training. After completion, contact your training unit or Regional Domestic Violence Coordinator and they will be able to run a report that confirms your participation. Each region will have different time frames regarding the use of this training so it might be helpful if you check with your training unit regarding specific expectations. After taking the course, if you have any comments or suggestions I would appreciate the feedback. You can email me at dholling@utah.gov.

Organizational Competence



Monthly Board Meetings

By Karen Sitterud, Board Chair

Below is the meeting calendar for the Child and Family Services Citizen Board. We are hoping that by sharing this calendar with you, you will know when and where we are meeting and that you will come and attend a Board meeting. We would love to have you there!

Month	Office	Guidelines to Cover
2005:		
January	Oquirrh	Out-of-Home pages 25 to 34
February	Fashion Place	Out-of-Home pages 35 to 55
March	Retreat	Out-of-Home pages 56 to 80
April	120 N. 200 W.	Out-of-Home pages 81 to 104
May	Castle Dale	Out-of-Home pages 105 to 131

Month	Office	Guidelines to Cover
June	Alpine	Out-of-Home pages 132 to 156
July (Off)	N/A	N/A
August	Richfield	Out-of-Home pages 169 to 184
September	North Ogden	Kinship pages 1 to 39
October	13 th South	Adoption pages 1 to 38
November	120 N. 200 W.	Family Preservation pages 1 to 54
December	120 N. 200 W.	Domestic Violence pages 1 to 16 and Major Objectives pages 1 to 17
2006:		
January	120 N. 200 W.	CPS pages 1 to 30
February	120 N. 200 W.	CPS pages 31 to 57
March	Retreat	CPS pages 58 to 78
April	Heber City	CPS pages 79 to 99
May	Vernal	CPS pages 100 to 120
June	120 N. 200 W.	ICWA pages 1 to 39 and Special Needs pages 1 to 5
July (Off)	N/A	N/A
August	Logan	TBD
September	Holladay	TBD
October	St. George	TBD
November	120 N. 200 W.	TBD
December	120 N. 200 W.	TBD



SAFE Headlines and Announcements

By Kathy Tollett, Information Analyst

Recently, a new web-based Main Menu window showing important Headlines and Announcements was added to SAFE. This new window allows users to directly access the web without leaving the SAFE system. We still post messages, such as when the Help Desk is unavailable. These messages appear at the top of this window. On this window you can currently access information about:

- Changes in Release 2.5.11, which was deployed December 6, 2004.
- New Employee Training schedule through June 2005.
- How to access Pocket SAFE using a Pocket PC.
- Help Desk hours.
- Changes in the Activity Recording printout.

When you launch the SAFE website you can access links to:

- Child and Family Services Homepage.
- Guidelines and Rules.
- Child and Family Services Inner web.
 - Information on Practice Model.
 - Child Welfare Education site.

We encourage you to become familiar with this information tool. If you have suggestions on other links or information you would like to see on this window, please send them to Kim Pinnegar at kpinnega@utah.gov.

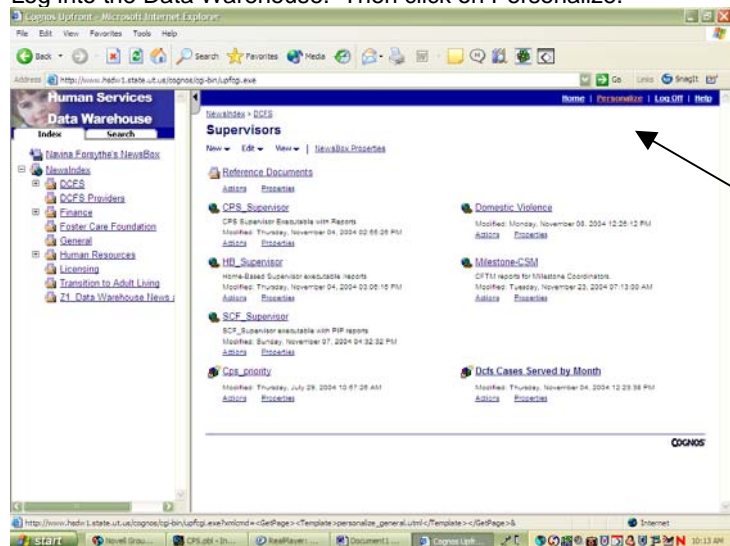


Supervisor Data Warehouse Reports—How to Change Your Data Warehouse Password

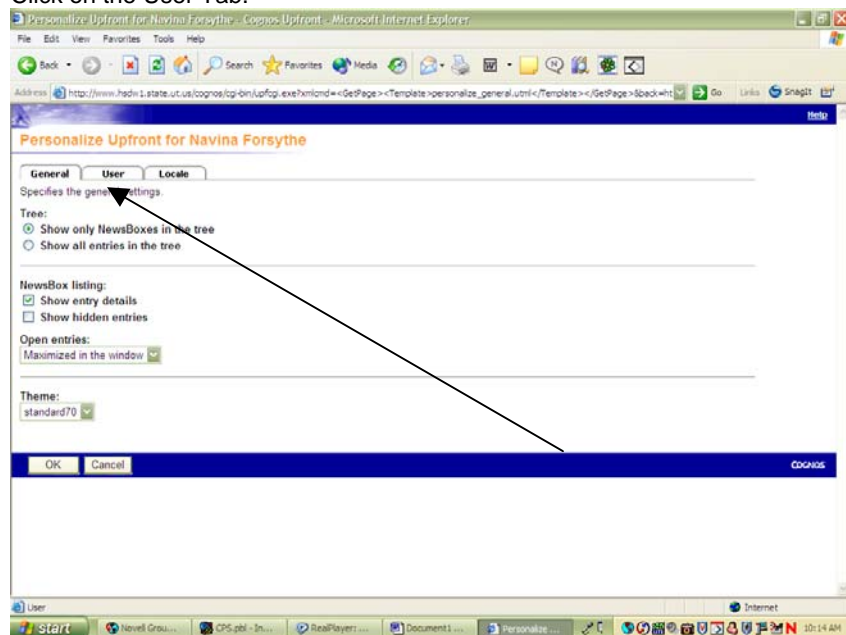
By Navina Forsythe, Information Analyst Supervisor

Between the LAN, SAFE, and other applications we may have several passwords that we need to remember. As you know you have one password to get into the Data Warehouse, and then use your SAFE password to run the executables. You can change your Data Warehouse password to match your SAFE password if you like so that you have one less password to remember. Here is what you do.

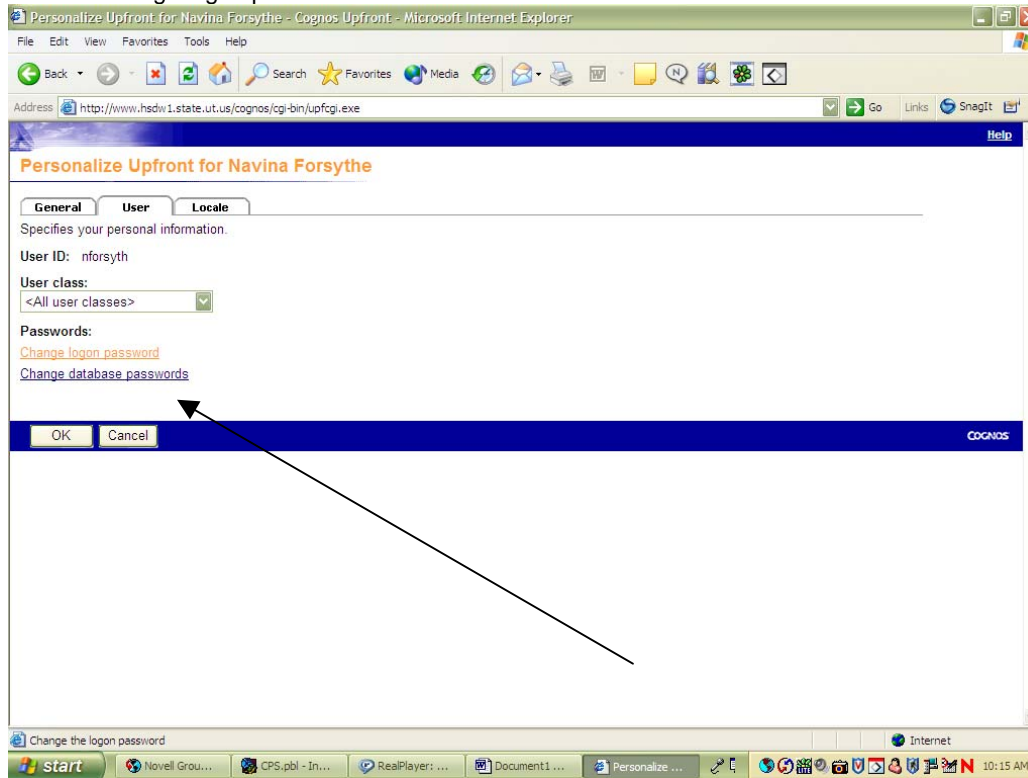
Log into the Data Warehouse. Then click on Personalize.



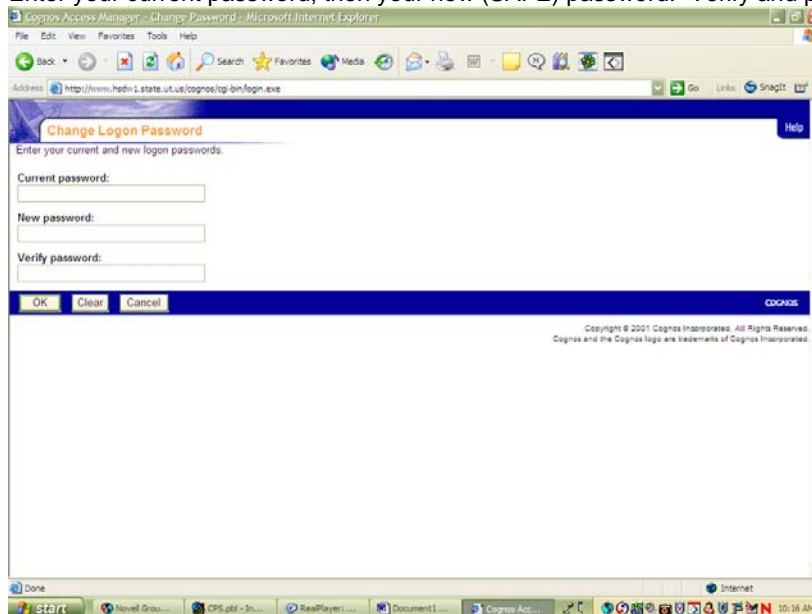
Click on the User Tab.



Click on change login password. DO NOT CLICK ON CHANGE DATABASE PASSWORD.



Enter your current password, then your new (SAFE) password. Verify and press okay.



Your Data Warehouse password should now match your SAFE/executable password.



Communication Strategy for Chartered Workgroups

By Patti Van Wagoner

Purpose

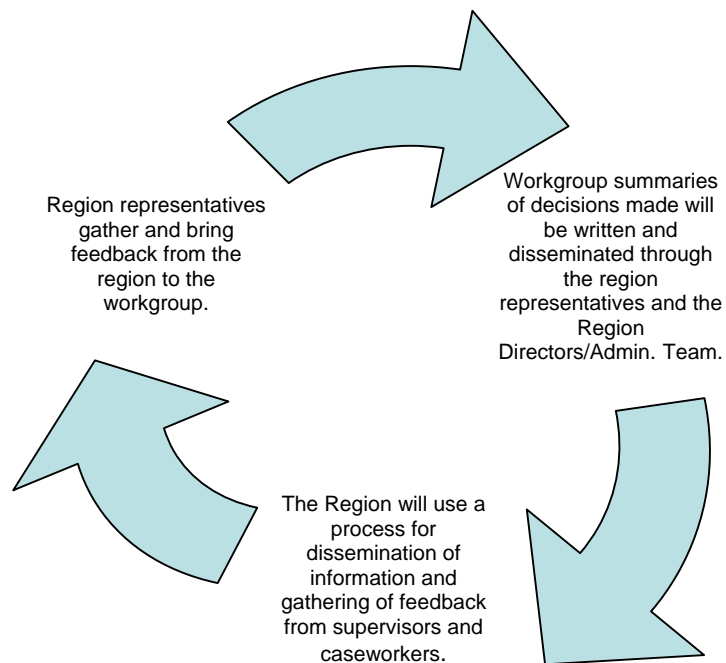
During the PIP Kickoffs in the regions, communication between the state office and the region staff was identified as one of the greatest needs. Program Managers, through the use of chartered workgroups, are committed to involving line staff in implementing changes in policy and practice to bring about statewide program improvement and consistency in program areas. This communication strategy is proposed as a way to provide continuous feedback and ensure that administration and line staff are fully aware of changes and improvements being made to help the state accomplish the goals of the PIP.

Communication Within the Workgroup

- A working agreement is developed with workgroup members during the first meeting. This is to establish clear roles and expectations of all the participants of the workgroup.
- Participants are to understand their role as region representatives and bring to the table the perspective of their region.
- **Region representation is crucial in the workgroup.** Having a representative who is invested in representing their coworkers is needed to ensure a balance in bringing together statewide consistency and understanding unique differences for implementing program improvement.
- The workgroup will summarize the decisions made in each meeting.

Dual Communication Efforts

- Program Managers will distribute these summaries to the state administrative team and region workgroup representatives to be shared with others so statewide feedback can be obtained.
- Region representatives need to have an avenue in the region to seek input to take back to the workgroup. (Suggested strategies include having the representative present information at region administrative meetings, presentations at unit staff meetings, etc.)
- Region Directors are asked to review the workgroup summaries and create an avenue for their representative to communicate with them help in distributing information region-wide so they can gather region feedback.
- Program Managers are assigned to participate in the State Administrative Team meetings on a rotating basis. Reports on the progress of workgroup charters will be made in this meeting on a quarterly basis.



Marketing

To ensure that all Child and Family Services employees know who their representatives are, the state office will send out a "Public Announcement" that will identify all currently chartered workgroups and identify the region representatives. This Public Announcement will be sent via email within the next couple of weeks.

Professional Competence



Child and Family Services Board Recognition

By Karen Sitterud, Board Chair

The Child and Family Services Citizen Board would like to recognize workers in the Salt Lake Valley Region for the month of January. These workers have shown exceptional skills and have shown compassion and diligence in working with children and families. As a Board we want to recognize them and say THANKS for a job well done. These workers were recognized at the Board meeting on January 25, 2005 at the new Oquirrh Building in West Valley City. Region Director LaRay Brown was on hand to report on the region's successes as well as take part in the recognition. Those receiving awards were:

- ❖ **Patricia Graff, Supervisor**
- ❖ **Karlene Stamos, CPS Worker**
- ❖ **Kim Shaw, Permanency Worker**
- ❖ **Caren Atkinson, Family Resource Consultant**
- ❖ **Erika Thompson, Senior Assistant Caseworker**
- ❖ **Margaret Dunn, Technician**

We would like all child welfare workers to know that they are appreciated for their efforts on behalf of families and children.



Who Knows What You Can Do...

By Kim Pinnegar, Information Analyst

Who knows what you can do...with a little perseverance and some extensive study.

A few years ago, I was awarded the opportunity to attend Western Governor's University (WGU), a virtual university founded by the governors of 19 western states and the nation's only private, non-profit, on-line, competency-based university.

Who would have thought at this time in my life, after being in the workforce for more than 30 years, I would be embarking on this trip through virtual learning as a cyber student. When I started with WGU, it was not accredited, and I was one of the "test" students, which made the road a bit rocky. But, WGU is now regionally accredited and continually growing, and I am an official student. Needless to say, it has not always been an easy task and there have been courses that I would have liked to skip, like Algebra, but I am beginning to see the light at the end of the tunnel.

Independence, flexibility, and convenience are factors that draw students to WGU. It has been nice to be able to study from home at any time and at my own pace. Self-motivation along with the ability to prioritize tasks is necessary in this process, because immediate feedback from teachers and fellow classmates is not always available.

I feel fortunate to have the opportunity to be one of WGU's students. I expect to finally earn my BS in Information Technology Management by the end of the year. Overall, my experience has been a positive one and I feel like I have been a part of virtual cyber history.

Who knows what **YOU** can do?



Compassion Fatigue and Critical Incident Stress Among Child Welfare Workers

By Debbie Robertson, Curriculum Developer

Those of us who work in helping professions poignantly understand what has been described as the blessing and curse of seeing the world as it is— beautiful and tarnished, full of joy and full of pain. We experience the satisfaction of helping those who are hurt or in need, as well as the exhaustion or discouragement that can come with dealing with suffering on a daily basis. In child welfare we work within a multi-faceted system that is affected by so many variables—many over which we have little control. We have the grave responsibility of helping children and families with their most fundamental needs, and yet the limitation of being able to do only so much. We understand the paradox that the more we are able to connect and engage with our families the more impact we make, and yet find that this empathic connection can leave us personally vulnerable.

Compassion Fatigue

This vulnerability can lead to a phenomenon that is variously called Secondary Trauma Stress, Vicarious Traumatization, or Compassion Fatigue. According to Gentry, Baranowsky & Dunning (1997) (<http://www.employeefamilyassistance.torontopolice.on.ca/baranowsky1.html>), Compassion Fatigue is especially common among social workers, psychologists, lawyers, disaster relief workers, nurses, psychiatrists, medical doctors, emergency service professionals, police, crisis phone-line workers, and shelter workers. The symptoms may include:

- Intrusive thoughts/ images of the clients' situation or traumas (or of the helper's own historical traumas).
- Lowered frustration tolerance/ outbursts of anger or rage.
- Dread of working with certain clients.
- Increasing defensiveness or transference/ countertransference issues with certain clients.
- Depression.
- Perceptive or "assumptive world" disturbances (for instance, seeing the world in terms of victims and perpetrators, or experiencing a decrease in one's own subjective sense of safety).
- Increase in ineffective or self-destructive self-soothing behaviors.
- Hypervigilance.
- Feelings of professional impotence/ or feeling especially de-skilled with certain clients.
- Diminished sense of purpose/ enjoyment with career.
- Diminished personal ego functioning (identity, volition).
- Decreased functioning in non-professional situations.
- Loss of hope.

Symptoms may vary in scope and severity from one individual to another. Results might manifest as feelings of burnout on one end of the spectrum, to symptoms in line with Post Traumatic Stress Disorder on the other. Helpers may find themselves avoiding difficult work, or even actual contact with clients. Symptoms may lead to increased absenteeism and health related issues among helpers.

What is "Self Care"?

We have often heard of the importance of "self care" for those in helping professions, but what does this consist of? Experts in the area of Compassion Fatigue emphasize the importance of the following things:

- The need for us as helpers to feel confident in our skills or ability to work with clients— to have access to training and mentoring to acquire those skills that we might feel deficient in.
- When inundated with difficult cases and painful family scenarios, the opportunity to talk and create a story. Time to process experiences is critical.
- Connection with others.
- Taking time to reflect on our own thought processes and reactions.
- Engaging in healthy self-soothing behaviors.
- The ability to separate ourselves from "the system" and not personalize events that are not personal.
- Access to professional assistance when our level of stress is affecting our ability to function in daily activities.

Critical Incident Stress

In addition to Compassion Fatigue, child welfare work carries the potential of primary traumatization as well. When we receive a threat to our personal safety, see the swollen and bruised face of a woman we've been working with, intervene in a severe family crisis, or have a child we have worked with die, we experience direct trauma—sometimes called Critical Incident Stress. When we, a co-worker, or even a client we are working with experiences a critical incident or the effects of chronic compassion fatigue, there are some methods and things that can be done to reduce its impact.

What Are We Doing at Child and Family Services?

This month, at the request of administration who is increasingly aware of the presence and impact of Critical Incident Stress, a training on Critical Incident Stress Debriefing is being offered to all clinical workers in Child and Family Services. We hope to increase our expertise in this area in order to assist each other as well as the families we serve. This training is just a beginning step in a process to attend to the needs of employees who do such difficult but important work. Things to look forward to in the near future include the development of practice guidelines for managing critical incidents, and the offer of more information or training for all workers on Compassion Fatigue, Critical Incident Stress, and their management.